

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>164</u>	
District of <u>Lower Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>2404</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. <u>_____</u> St. <u>_____</u> Ward) <u>_____</u>		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Irene Sharp</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>1st</u>	5. No., in order of birth <u>1st</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 22, 1923</u>	(Month, day, year)
8. FATHER Full name <u>Floy Burton Sharp</u>		14. MOTHER Full maiden name <u>Ethel Mary Fagerkas</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Indian Territory</u> (State or country)		18. Birthplace (city or place) <u>Oklahoma</u> (State or country)	
13. Occupation <u>Coper Copper Mine</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:50 P.</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. F. Miller</u> (Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u> <u>O. E. Irwin</u> Local Registrar.	
<u>927-422-562</u> Registrar.		Filed <u>5/8</u> , 19 <u>23</u> <u>B. E. Sioy</u> County Registrar.	